

POSITION	INITIALS	ID NO	DATE
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**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

RH

60173

4/17/84

### INDEX OF CLAIMS

✓	Rejected	N	Not Rejected
✗	Allowed	Y	Not Allowed
—	Cancelled	Z	Not Cancelled
—	Restricted	W	Not Restricted

Claim No.	Date	Claim No.	Date
1	4/17/84	1	4/17/84
2		2	
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If more than 150 claims or 10 acts  
staple additional sheet here